U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may resu	It in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.
For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E (NA. 35006)	*
O. B. O.	
1. File Number U · 13056	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Angelo Serse	Name I.U.P.A.T. District Council No. 9 AFL-CIO
·	Labor Organization File Number 006-770
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11 Valley Trail	Street 45 West 14th Street
City Monroe	City New York
State New York ZiP Code + 4 10950	State New York ZIP Code + 4 1.0011-7419
5. Position in labor organization. Business Representative	
pusifiess representative	
Enter appropriate data below If, during the past liscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	None.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	\$0
State ZIP Code + 4	
Sig	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second contained in the second contained contained in the second contained contain	lying documents), has been examined by the signatory and is, to the best of the
Signed / Chrysla Serre	On (212) 255-2950
·	Date Telephone Number

Name of Person Filing Angelo Serse		File Number U- 1305	6
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Union Labor Life Insurance Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451 Park Avenue South City New York State New York ZIP Code + 4 10016	9. Business deals with: a. Labor Organiza b. Trust c. Employer		
Name Structural Steel & Bridge Painters of NY Trade Name, if any: P.O. Box, Bldg., Room No., if any	Amounts paid to in insurance benefits	surance carrier	providing health r year 2005.
Street 40 West 27th Street	11.b. Approximate dollar val	ue of such dealing.	\$8,410,592
City New York	12.a. Nature of interest he	ld or income received.	
State New York ZIP Code + 4 10001	Meeting with insurdiscuss claim issu		
	12.b. Amount.		\$4
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any). Name Trade Name, if any:	None.		
P.O. Box, Bldg., Room No., if any			
Street			1
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		\$0

Name of Person Filing Angelo	Serse		File Number U-	13056	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:	L	
P.O. Box, Bklg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York ZIF Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Fainters of NY	Amounts paid to insurance carrier prints insurance benefits for the calendar	providing health year 2005.
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street 40 West 27th Street		
City New York		
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State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company reprinted discuss claim issues and resolution	resentative to
		,
	12.b. Amount.	\$4

Name of Person Filing Angelo Serse	File Number U-	13056
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York ZIP Code + 4 10016		_
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Painters of NY	Amounts paid to insurance carrier properties for the calendar	providing health ryear 2005.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 40 West 27th Street		
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company rep discuss claim issues and resolution	resentative to
	12.b. Amount.	\$100

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Name of Person Filing Angelo Serse	File Number U-	13056	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Painters of NY	Amounts paid to insurance carrier prinsurance benefits for the calendar	providing health providing health providing health
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	and the management of the second of the seco	
Street 40 West 27th Street	The state of the s	
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company repudiscuss claim issues and resolution	resentative to
	Participation of the Control of the	7.7
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	TO THE PROPERTY OF THE PROPERT	
	L. Control of the Con	
	12.b. Amount.	\$17

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	Y
Name of Person Filing Angelo Serse	File Number U- 13056
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:	{∑ b. Trust	ļ
P.O. Box, Bldg., Room No., if any	C. Employer	
Street 451 Park Avenue South	C. Employer	
City New York		
State New York ZIP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Painters of NY	Amounts paid to insurance carrier plinsurance benefits for the calendar	providing health year 2005.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 40 West 27th Street		
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company rep discuss claim issues and resolution	
	The control of the co	
	12.b. Amount,	\$3

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Name of Person Filing Angelo Serse	File Number U- 13056

B. Held an interest in or derived income or economic beriefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Labor Life Insurance Company	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451 Park Avenue South	c. Employer	
City New York		
State New York 2IP Code + 4 10016		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Structural Steel & Bridge Fainters of NY	Amounts paid to insurance carrier prinsurance benefits for the calendar	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 40 West 27th Street		
City New York		
State New York ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592
	12.a. Nature of interest held or income received.	
	Meeting with insurance company rep discuss claim issues and resolution	resentative to ns.
	12.b. Amount.	\$37

Name of Person Filing Ange	10	Serse			File Number U- 13056

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (include	ling trade name, if any).	9. Business deals with:			
Name Union Labor Life Insura	ance Company	a. Labor Organization			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		b. Trust c. Employer			
Street 451 Park Avenue South					
City New York					
State New York	ZIP Code + 4 10016				
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.			
Name Structural Steel & Bri		Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2005.			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 40 West 27th Street					
City New York	National Control of the St. We provide the Control of the Control	Access Mindel discolars in Management and a closer and annual and a closer and annual and a closer and annual annu	<u></u>		
State New York	ZIP Code + 4 10001	11.b. Approximate dollar value of such dealing.	\$8,410,592		
		12.a. Nature of interest held or income received.			
		Meeting with insurance company representative to discuss claim issues and resolutions.			
			1		
		12.b. Amount.	\$91		